RECEIVED CENTRAL FAX CENTER

FEB 2 7 2005 PTO/SB/30 (09-04)
Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patient and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to

Request For Continued Examination (RCE) **Transmittal**

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

a collection of information unless it (displays a valid OMS control number.		
Application Number	10/002,781		
Filing Date	October 29, 2001		
First Named Inventor	Andrew R. Ferlitsch		
Art Unit	2624		
Examiner Name	Dillon J. Murphy		
Attorney Docket Number	5LA1031		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

amer instru reque	ndments a ucts other est non-er	n required under 37 C.F.R. and amendments enclosed wise. If applicant does not witry of such amendment(s).	with the RCE will vish to have any	be entered in the previously filed u	inentered amendment(s) (e filed unless applicant entered, applicant must		
a. 🔲 Pr co	eviously s nsidered	ubmitted. If a final Office ac as a submission even if this	tion is outstandi box is not check	ng, any amendrn æd.	ents filed after the final Of	fice action may be		
i. 11 .	=	nsider the arguments in the er	Appeal Brief or I	Reply Brief previ	ously filed on			
b⊠ E i. ä	⊠ Am	endment/Reply dsvit(s)/Declaration(s)		iii.	ion Disclosure Statement	(IDS)		
2. Mi	scellaneo	ė.						
a b	a perio	nsion of action on the above d ofmonths. (Period	e-identified appli of suspension shal	cation is request I not exceed 3 mor	ed under 37 C.F.R. 1.103(the; Fee under 37 C.F.R. 1.17	c) for 7(1) required)		
3. F6	The l	RCE fee under 37 C.F.R. 1.17(e) is required by 37	C.F.R. 1.114 whe	n the RCE is filed.			
a. [The Di	rector is hereby authorized it Account No I ha	to charge the fol ve enclosed a di	lowing fees, or cuplicate copy of t	redit any overpayments, to his sheet.			
i. 11.	<u>□</u> Ext	E fee required under 37 C.I ension of time fee (97 C.F.R			02/28/2006 TL0111	00000017 10002781		
III. b. □	Charle	In the consust of 6	nciosed		01 FC:1801	798.00		
c 🕅 Payment by credit card (Form PTC-2038 enclosed) \$ 740,00								
Provide credit card information and authorization on PTO-2038.								
		SIGNATURE OF	APPLICANT, A	TORNEY, OR	GENT REQUIRED			
Signature						February 27, 2006		
Name (Print	/Type)	Scott O. Krieger		Registration	on No. (Attorney/Agent)	42,768		
	,	CERTIF	CATE OF MAIL	ING OR TRANS	MISSION			
anvelope add	ressed to: 1	correspondence is being depos Mail Stop RCE, Commissioner I ffice on the date shown below.	ted with the United for Patients, P. O. B	States Postal Service 1450, Alexandr	vice with sufficient postage as la, VA 22313-1450 or facsimili	first class mail in an e transmitted to the U.S.		
Signature		279	<u></u>					
Name (Print	(Type)	Scott C Krieger		Date	February 27, 2006	tills which is to the fand by the		
This collection	of Informat	on is required by 37 CFR 1.11-	4. The information	Eddo of Deniupen a	n or reason a deneat by vie pu	etion is estimated to take 12		

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 uninutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the individual case. Any comments on the use of the individual case. Any comments on the use of the individual case. Any comments on the use of the individual case. Any comments on the use of the individual case. Any comments on the use of the individual case. Any comments of the use of the individual case. Any comments of the use of the individual case. Any comments of the use of the individual case. Any comments of the use of the individual case. Any comments of the use of the individual case. Any comments of the use of the individual case. Any comments of the use 1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.